



VOLUNTARY SELF-DISCLOSURE RECORD

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS:
LICENSE@MILWAUKEE.GOV

First Name	Middle I.
Last Name	Suffix (Jr. Sr., etc.)
Wisconsin Driver's License Number:	Date:

Completion of this form is voluntary. Failure to submit data will not in any way affect the granting or issuance of any license or permit. The information provided will remain confidential and will be used only for analyses purposes relating to testing practices.

1. SEX: *(Check \checkmark one)*

- a) ☐ Female
- b) ☐ Male

2. ETHNICITY: *(Check \checkmark one)*

- a) ☐ Hispanic or Latino
- b) ☐ Not Hispanic or Latino

3. RACE: *(Check \checkmark all that apply)*

- a) ☐ American Indian or Alaskan Native
- b) ☐ Asian
- c) ☐ Black or African American
- d) ☐ Native Hawaiian or Other Pacific Islander
- e) ☐ White
- f) ☐ Some other race - Please list: _____